

PHYSICAL ABILITIES TEST (PAT) MEDICAL APPROVAL
CORRECTIONAL OFFICER / MEDICAL TECHNICAL ASSISTANT / CORRECTIONAL COUNSELOR I
Pre OSS 08E (2/04)

To the Candidate: Due to the nature of the Physical Abilities Test (PAT), there is some risk of injury to individuals in poor physical condition or with medical conditions. There are some factors which will always require medical approval before participation in the PAT. This form is provided to address those factors and facilitate your participation in the PAT. Please fill in the identification information, review the following three questions and check all appropriate boxes. If you check any of the boxes, you must take this form to your physician for approval to participate in the PAT. The PAT tests are described on the reverse of this form and are done on stationary bicycles and other equipment. You will go through a cardiac risk assessment as part of the PAT. The results of the risk assessment may require you to get a release from your personal physician in order to attempt the five PAT tests. Keep in mind that any costs for getting this approval must be paid by you. This form is valid only if signed by a physician (M.D.), Physician Assistant (P.A.) Nurse Practitioner (N.P.) or Doctor of Osteopathy (D.O.) If you have your physician complete this form, bring it with you when you take the PAT. If none of the items below pertain to you, you can disregard this form.

Name:	Social Security Number:	Exam ID Number:
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1. Are you currently taking any of the following types of medication? If so, mark each type you are taking and provide the name of each medication below.

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Anorexiant | <input type="checkbox"/> Thyroid Medications | <input type="checkbox"/> CNS Stimulants | <input type="checkbox"/> Antidepressants | <input type="checkbox"/> Antihypertensives |
| <input type="checkbox"/> Cardiac Drugs | <input type="checkbox"/> Antiasthmatics | <input type="checkbox"/> Tranquilizers | <input type="checkbox"/> Prescription Narcotics | <input type="checkbox"/> Medicines with Steroids |

Name of medications:

2. In the past 12 months, have you had any of the following? Please mark each one that applies.

- | | |
|--|--|
| <input type="checkbox"/> Chronic arrhythmia, heart attack, heart surgery or heart trauma | <input type="checkbox"/> Active tuberculosis (your physician must verify 3 consecutive negative sputum specimens before you appear at the selection center). |
| <input type="checkbox"/> Back or neck injury or surgery | <input type="checkbox"/> Active chronic hepatitis or hepatitis A, B or C being treated with medication |
| <input type="checkbox"/> Eye surgery | |

3. Do you currently have any of the following conditions? Please mark each one that applies.

- | | |
|--|--|
| <input type="checkbox"/> Medication dependent asthma | <input type="checkbox"/> Medication dependent seizure disorders |
| <input type="checkbox"/> Type I or Type II Diabetes | <input type="checkbox"/> Injuries for which you are currently undergoing chiropractic care or physical therapy |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Less than six weeks postpartum |

RISK FACTOR ANALYSIS -- If you checked one of the boxes above, complete this section for review by your physician. If you did not check a box above, obtaining prior medical approval is optional. However, a total score of 4 or more indicates you will probably need medical approval to take the PAT. Obtaining it now may expedite your test.

POINT VALUE:	0	1	2	YOUR SCORE ↓
AGE:	30 yrs. and under	31 - 40 yrs.	41 yrs. & up	
WEIGHT:	Not overweight	5 - 10 lbs. overweight	More than 10 lbs. Overweight	
SMOKING/ CHEW TOBACCO:	Never smoked/chewed tobacco	Habitual tobacco use <u>but</u> <u>quit</u> over a year ago	Smoke/chew tobacco currently or have <u>at least once within the last year</u>	
BLOOD PRESSURE (BP)	120/80 or lower	Between 120/80 and 135/85 or unknown	Above 135/85	
FAMILY HISTORY OF HEART DISEASE: (heart attack, high BP, stroke) family (parents, grandparents, brothers or sisters)	No known history	One or more in family over 60 years old with heart disease	One or more in family under 60 years old with heart disease; or adopted	
AEROBIC EXERCISE:	Exercise at least 3 times per week	Exercise twice a week or less	Exercise once a month or less	

YOUR TOTAL SCORE →

Signature

Date

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TO EXAMINING PHYSICIAN: This Candidate may have the Physical Abilities Test listed below administered by staff of the Department of Corrections. Any condition or medication checked on the reverse side is of concern and needs to be explained by the physician in the space provided (attach additional sheets if necessary) before the exercise tests can be administered. Names of all prescribed medications must be included when applicable. Please sign and date the bottom of this form indicating your approval for this candidate to participate in the Physical Abilities Test.

Description of the Tests

- 1. PEDOL** – Three-minute test on a stationary bicycle ergometer with one minute of warm-up and two minutes at a pre-determined workload. The workload is related to each individual's weight (i.e., the heavier the individual, the heavier the workload). This test can be compared to a maximal stress test for individuals in below average condition. Blood pressure, heart rate, and electrocardiograph will be monitored throughout the test.
This test predicts the candidate's ability to run 500 yards in no more than two minutes and 20 seconds in full uniform.
- 2. TRUNK STRENGTH** - Requires the candidate to exert a maximal force against a cable tensiometer (a harness that is worn across the shoulders, chest, and back connected to cables). For the Flexion portion, which works the abdominal muscles, the candidate stands with his/her back to the wall and leans forward exerting force against the equipment to move the equivalent of 89 lbs. For the Extension portion, which works the back extensor muscles, the candidate faces the wall and leans backward exerting force against the equipment to move the equivalent of 109 lbs.
This test predicts the candidate's ability to drag an unconscious person weighing 165 lbs, 20 feet in 20 seconds or less, after running 500 yards.
- 3. GRIP STRENGTH** - A test of the dominant hand using a hand-grip dynamometer designed to measure the candidate's grip strength (34 KG).
This test predicts the candidate's ability to carry a stretcher containing a 185-lb person 1/8 mile with the assistance of one other person, then an additional 1/8 mile with the assistance of three people.
- 4. DYNAMIC ARM** - Sitting on the floor behind a stationary bicycle, in a straddle position, the candidate must use the hands and arms to pedal a bicycle ergometer with 2.5 kps of resistance. The candidate must complete 45 revolutions in one minute.
This test predicts the candidate's ability to carry a stretcher containing a 185-lb person 1/8 mile with the assistance of one other person, then an additional 1/8 mile with the assistance of three other people.
- 5. DYNAMIC LEG** - The candidate must pedal a stationary bicycle ergometer using the legs at a rapid pace for one minute with 3.0 kps of resistance and complete 70 revolutions.
This test predicts the candidate's ability to sprint 100 yards in no more than 19 seconds.

LIST OF CONDITIONS AND/OR MEDICATIONS:

PHYSICIAN'S CERTIFICATION:

"I understand the type of physical abilities tests to be administered and that the tests are administered in a non-medical facility with non-medical personnel. The emergency protocol consists of administering basic first aid, CPR and activating the emergency medical system (911) on an as needed basis. Based on a review of the items marked on the reverse, the description of the tests involved, any attached material(s) and my personal evaluation of this candidate, he/she can safely perform the Physical Abilities Tests described above."

PHYSICIAN'S OR DESIGNEE'S SIGNATURE	DATE	PHONE NUMBER
PHYSICIAN'S OR DESIGNEE'S NAME (PLEASE PRINT OR TYPE)	ADDRESS (STREET, CITY, STATE, ZIP CODE)	